




CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3065 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO FPUA

(City Residency Required)

Name: <u>Craig Francisco</u>	Phone: <u>772-461-4040</u>
Home Address: <u>1608 Seaway Dr.</u>	How long at this address? <u>13 years</u>
City/Zip Code: <u>Ft. Pierce, Fl. 34949</u>	
Are you a qualified elector of the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Agriculture</u>	Employer Name: <u>self employed</u>
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: <u>The Ice Box Ice Sales</u> <u>520 N. US Hwy 1</u> <u>Ft. Pierce, Fl. 34950</u>	<u>Crabby's Dockside</u> <u>2 Avenue A</u> <u>Ft. Pierce, Fl. 34950</u> <u>Food Sales - Investor</u>
Do you now or in the future plan to do business with or have a business relationship with FPUA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe in detail outlining any businesses or matters deemed appropriate.	
Describe your professional background and what expertise you will bring to the FPUA Board. Feel free to attach your curriculum vitae (CV) or other applicable information. <u>I have been self employed for over 25 years. This has allowed me to become very well rounded in many business areas.</u>	
Do you have special training or knowledge in any of the following areas: Utilities: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting/Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Legal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Management: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Finance/Accounting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe your education and background in any of the above areas:	
Are you currently a member of a Commission-appointed board or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
If appointed, are you willing to attend a training session which could last at least 5 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by: <u>Bruce Center, Mike Perri,</u> <u>RN Koblegard</u>	Applicant Email Address: <u>spotfarms1@gmail.com</u>
Date: <u>8/24/21</u>	Applicant's Signature: 

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950

fax (772) 467-3841 or via email at lox@city-ftpierce.com